

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----------------|----------------|--|--|-----------------------|---|--|---|--|-------------------|--|--|----|--|-------------------------|--|--|----|-------------------------------------|----------|---|---------|----------|--|-------|--|--|----|--|-----------------------------------|--|--|----|--|-------------|--|--|----|--|------------|--|--|----|--|-------|--|--|----|---|--|--|--|
| 1 Date of Request: <u>March 20, 2001</u> | | 2 Serial/Patent # <u>09/236,113</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 30%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Petition</td><td align="center">7</td><td align="center">12/4/00</td><td align="right">\$130.00</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table> | | Filing | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | Amendment | | | \$ | | Extension of Time | | | \$ | | Notice of Appeal/Appeal | | | \$ | <input checked="" type="checkbox"/> | Petition | 7 | 12/4/00 | \$130.00 | | Issue | | | \$ | | Cert of Correction/Terminal Disc. | | | \$ | | Maintenance | | | \$ | | Assignment | | | \$ | | Other | | | \$ | 7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px;">\$130.00</div> | | | |
| | Filing | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Amendment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Petition | 7 | 12/4/00 | \$130.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Issue | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Maintenance | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Assignment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 40%;">Overpayment</td><td style="width: 10%;"></td><td style="width: 50%;">Treasury Check</td></tr> <tr><td>Duplicate Payment</td><td></td><td>Credit Deposit A/C #:</td></tr> <tr><td><input checked="" type="checkbox"/> No Fee Due (Explanation):</td><td></td><td>9 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 9 -- 0 0 3 6</div></td></tr> </table> | | Overpayment | | Treasury Check | Duplicate Payment | | Credit Deposit A/C #: | <input checked="" type="checkbox"/> No Fee Due (Explanation): | | 9 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 9 -- 0 0 3 6</div> | 8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Treasury Check Credit Deposit A/C #: 9 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 9 -- 0 0 3 6</div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overpayment | | Treasury Check | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duplicate Payment | | Credit Deposit A/C #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): | | 9 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 9 -- 0 0 3 6</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>No fee due on request for reconsideration under 1.47(a)</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: <table style="width:100%; margin-top: 5px;"> <tr> <td style="width: 60%;"> TYPED/PRINTED NAME: <u>Nancy Johnson</u> SIGNATURE: <u>Nancy Johnson</u> OFFICE: <u>Petitions 4700</u> </td> <td style="width: 40%;"> TITLE: <u>Petitions Attorney</u> PHONE: <u>703-305-0309</u> </td> </tr> </table> | | | | | TYPED/PRINTED NAME: <u>Nancy Johnson</u> SIGNATURE: <u>Nancy Johnson</u> OFFICE: <u>Petitions 4700</u> | TITLE: <u>Petitions Attorney</u> PHONE: <u>703-305-0309</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>Giana Chase</u> DATE: <u>5/9/01</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: